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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

JULIA C. LATHROP
CHIEF OF THE CHILDREN'S BUREAU, 1912-1921



It is obvious that in order to accomplish anything at all, it was necessary that the staff should be composed of specially qualified persons. In so small a staff also a capacity for all-round work, a spirit of cooperation, and the power of team-work are indispensable. It is fair to note that all this was secured under the strict interpretation of the Government merit system.

—JULIA C. LATHROP

GRACE ABBOTT
CHIEF OF THE CHILDREN'S BUREAU, 1921-34



If there is any subject endowed with national interest, it is the welfare of the Nation's children. The Nation's future existence, the intelligent use of its resources, the role it will play in world affairs depend on its children--whether or not they are physically fit and whether or not they are trained in self-control, in respect for the rights of others, and in understanding of

their own rights and obligations. That the first responsibility must rest with the nearest government--the State, the county, and the municipality--is the reason why the role that the Federal Government must play in the training of children is that of an intelligent and interested cooperator, ready to assist but not to control nor hamper.

—GRACE ABBOTT



THE CHILD — MONTHLY NEWS SUMMARY

Volume 1, Numbers 9 and 10

March-April 1937

TWENTY-FIFTH ANNIVERSARY OF THE CHILDREN'S BUREAU

A QUARTER CENTURY OF WORK FOR CHILDREN

BY KATHARINE F. LENROOT

Last summer there came to my desk a letter that made me realize not only that the Children's Bureau had come of age some time before, but that those of the staff who, like myself, had been associated with it almost from the beginning, were truly of the "grandmother" class. The letter read in part as follows:

I am writing you to see if I can get some booklets on Infant Care before and after birth.

I recently found an Infant Care book from which I was raised and which was published July 1914 so that is where I am getting my information to write to you.

The incident led to rummaging in our own attic, the files of the Children's Bureau, for some of the letters that came to Julia C. Lathrop, the Bureau's first Chief, in those earliest years. Here is one from a little girl named Kathryn, who wrote to "Uncle Sam" asking him please to "send me a baby brother whenever you have any in." In her thoughtful and characteristically human reply, Miss Lathrop wrote:

I wish we had a baby brother to send to such a good home as I am sure he would find in your parents' house, but Uncle Sam does not trust us with real babies but only tells us to try to learn all the ways to keep babies and their older brothers and sisters well and good and happy. This is hard, slow work, and sometimes I feel a little discouraged because it is so slow. Your letter cheers me up and I am glad you wrote although I am obliged to send this disappointing answer.

When this letter was written, in 1914, as described in another article in this issue, there was no national birth-registration system in the United States. One of the first tasks to which

Miss Lathrop set the Children's Bureau, in cooperation with the Bureau of the Census, the General Federation of Women's Clubs, and other agencies, was the development of the United States birth-registration area, which did not cover the entire country until 1933. In 29 years, from 1915 to 1935, the infant mortality rate has been cut almost in half, although the loss of life in the first month of infancy has been reduced very much less, and now constitutes more than one-half the total loss of life in the first year. Very slow progress has been made in reducing the appallingly high death rate among mothers, which early gave Miss Lathrop grave concern. In 1916 she wrote as follows to a mother in Wyoming, who had described the deaths of two mothers and two babies in her own sparsely settled rural community within a year:

Your letter of October 19 came in my absence, and I have just read it with most urgent attention and sympathy. It is not the only letter of that kind which the Bureau has received—it makes very urgent the great question of protecting motherhood. The Bureau is trying to find a plan by which mothers living in remote places can secure the medical and nursing care to which they are certainly entitled. It is an old need, but a new practical question, and it will not be solved until many people can be made to see that a way to provide the required care is possible in every part of our country.

In 1917 Miss Lathrop set forth in her annual report a program for the protection of maternity and infancy, of which the principal features were as follows:

1. Public-health nurses who shall be available for instruction and service as are the public-school teachers and other public officers;

2. Instruction in schools and universities and through different forms of extension teaching covering the field of hygiene for mothers and children, furnished at such places and times as to meet the needs of persons of varying ages and circumstances;

3. Conference centers at county seats or elsewhere, affording convenient opportunity to secure examination of well children and expert advice as to their best development;

4. Adequate confinement care;

5. Hospital facilities made available and accessible for mothers and children.

From 1922 to 1929 under the Sheppard-Towner Maternity and Infancy Act progress was made in developing public-health nursing, prenatal and child-health conferences, and health-education services throughout the United States. With the termination of the act and consequent withdrawal of Federal aid, just at the onset of the depression, these services were greatly curtailed.

The passage of the Social Security Act, approved August 14, 1935, made possible a vigorous program to safeguard and promote the health of mothers and children through the cooperation of the Federal Government, the States, and the local communities. Summary of State plans submitted this year by the 51 States and Territories cooperating with the Children's Bureau under the act shows great extension of resources for bringing mothers under early prenatal care, for child-health clinics and conferences, for immunization against communicable disease, and for public health nursing services in the home. In many areas opportunities for postgraduate instruction in obstetrics and pediatrics have been brought to doctors in their own communities.

Evidence is steadily accumulating that a direct and courageous attack must be made on the central problem of providing adequate medical and nursing care at time of delivery, with medical and nursing supervision continuing throughout the antenatal and postnatal periods. Such care would conserve the lives not only of the mothers but also of many thousands of the newborn, and those who die before birth. It can be provided only with the cooperation of Government, practicing physicians, nurses, professional schools, and the mothers and fathers themselves. The American Committee on Maternal Welfare is cooperating with the Children's Bureau in considering the various steps which will be necessary if motherhood in America

is to be given safeguards commensurate with the need and the possibilities of saving life and health.

Care of the mother and the newborn infant is of primary importance, but many and varied are the needs of youth in the period from infancy to maturity. The real basis of progress in safeguarding the health and general welfare of the Nation's children lies in a threefold program: Correction of existing conditions that stand in the way of the child's wholesome development; prevention of such conditions; and above all, general application of knowledge of those conditions that will enable children everywhere to be born, to grow, and to develop according to standards that will give them their fair chance in the world.

Changing conditions of national life, emergencies such as those that occur in periods of depression and widespread unemployment, new discoveries resulting from the advances of science, and the needs of special groups at different times may require emphasis to be placed on one or another of the varied factors contributing to child welfare. However, each factor must be weighed in relation to all the others, for the welfare of the child as a whole is like a fabric woven of many different threads.

Immediate responsibility for the welfare of children lies with their families and their home communities. If there is one fact more than any other that has emerged from all the studies of the Children's Bureau, it is that the primary essential of child welfare is the power to maintain a decent family living standard, and this is dependent upon many factors not within individual control. In other words, the problem of economic security is a vital part of the whole problem of child welfare. Measures tending to promote economic security, such as an adequate wage level, good housing at reasonable cost, unemployment compensation, prevention of accidents and sickness, and care of the incapacitated breadwinner and his family, are basic factors in the well-being of children. They should be accompanied, however, by measures for parental education in methods of child care, and organization of community services for child health, child protection, and the care of children who are dependent, neglected, delinquent, or handicapped in body or mind.

Elsewhere in this issue has been related the progress which has been made in a period of 25 years in dealing with problems of child labor, juvenile employment, and the development of community resources for children. In one special type of need—provision for the crippled child and the care of those conditions which may lead to crippling—a definite program of Federal and State cooperation is being carried on under the Social Security Act, with 45 States and Territories developing or extending services to crippled children under its provisions. This first experience in Federal aid to the States for medical care of children should provide a sound foundation of relationships and methods upon which to build services for other types of handicapped children as their need for Federal assistance may be disclosed.

In 25 years, in comparison with the problems to be solved and the needs to be met, the work of the Children's Bureau as a broadly conceived center of information and service in all phases of child life has just begun.

By its thirty-fifth birthday the Bureau should be able to report:

1. Reduction of the death rate per 1,000 live births in the first year of life from 56 to 35 or below; in the first month of life from 34 to 24; reduction of the stillbirth rate from 36 to 26 or below.

2. Reduction of the maternal mortality rate per 10,000 live births from 58 to 38 or below.

3. Practical elimination, through immunization, of smallpox and diphtheria, great reduction through more widespread use of measures now available or being developed in the number of deaths of children from whooping cough, measles, scarlet fever, and pneumonia; reduction in congenital syphilis through the syphilis program being stimulated by the United States Public Health Service; definite progress in control of epidemics of infantile paralysis, and in the prevention of crippling conditions resulting from this disease; prevention of and care for injuries to newborn infants.

4. Marked reduction in the number of undernourished children through improved economic conditions and widespread dissemination among the people of knowledge of ways in which good nutrition may be assured at moderate cost.

5. Elimination of child labor under the age of 16 years and safeguards of employed youth 16 and 17 years of age in industrial and commercial occupations and other occupations where children

and their parents are especially subject to commercialized exploitation, through direct Federal legislation, administered in cooperation with State agencies, made possible by completion of the ratification of the child-labor amendment.

6. Widespread extension of educational and vocational guidance and junior-placement service, built upon elementary and secondary school facilities and facilities for public recreation increasingly adequate to meet the needs of youth in a period of rapidly accelerated economic and social change.

7. Increased availability to rural as well as to urban children of public assistance when the economic ability of the normal breadwinner to provide for his family fails, and of case-work, child-guidance, recreational, and other community services for the early discovery and remedial treatment of conditions leading to child dependency, neglect, emotional instability, and delinquency.

8. Extension of services to crippled children, to include all physically handicapped children not otherwise able to obtain skilled medical, surgical, nursing, and social care, these programs being closely correlated with a sound program of education and guidance adapted to the needs of each child.

9. Development of comprehensive State-wide and community programs for the care of the mentally deficient, including discovery, diagnosis, special-class education, community supervision, and for those who need it, institutional or boarding-home care.

10. Changed public attitude toward juvenile delinquency, based upon increasing awareness of the conditions leading to its development and the types of service in community, court, and training school which are essential if children thwarted and handicapped by untoward family and neighborhood conditions from their earliest years are to be given their fair chance in the world.

These are far-flung goals, but they are not beyond the knowledge and the resources which can be made available within the next 10 years to those responsible for the health and welfare of American children. To achieve them, there must be assured the earnest cooperation of parents, schools, men's and women's civic organizations, public officials of localities and States, and the resources and leadership of the Federal Government.

As Grace Abbott has often said, what we would do for children this year cannot be postponed until next year, for children do not wait upon convenience. They live and thrive in proportion as we are understanding, loving, and resourceful in their service.

THE NEED FOR ADEQUATE MATERNITY CARE AND CARE OF NEWBORN INFANTS

BY MARTHA M. ELIOT, M.D.

In 1935, 12,544 women died in the United States of causes due directly to pregnancy and childbirth, 58 maternal deaths for every 10,000 infants born alive. In 1934 (the latest year for which figures are available), 73,841 infants died before the end of the first month of life, 57,265 within the first week.

Increase the number of maternal deaths by about one third--which gives us a figure that probably understates the number of pregnant women who died from conditions associated with pregnancy, such as heart disease, tuberculosis, and chronic nephritis--and add to the number of infants dying in the early weeks of life the 78,503 fetal deaths occurring before or during birth, and we are faced with a total mortality associated with maternity that must be considered with grave concern. Moreover, we are also faced with the fact that during the past two decades when the mortality among infants from 1 to 12 months of age has been dramatically reduced, relatively little progress has been made in the reduction of the neonatal or the maternal mortality rate.

Perhaps the most disturbing element in this whole situation is the well-known fact that when adequate maternal care is provided, the number of deaths of women directly due to pregnancy and childbirth can be reduced to a very considerable extent (variously estimated by noted authorities at a possible reduction of one-half to two-thirds), and it is likely that adequate maternal care would also save many women whose pregnancy has been complicated by chronic conditions. In this country, the effect of adequate care has been demonstrated repeatedly through local experience; in certain foreign countries, where expert obstetric care and adequate hospital facilities are available for practically every pregnant woman, the mortality rates are strikingly lower than in the United States. In the city of Stockholm, for instance, where hospital care and skilled obstetric service are provided for 98 percent of all women for delivery and postnatal care and, if necessary, for weeks before delivery, the maternal mortality rate in 1934 was 16 per 10,000 live births; for Sweden

as a whole, including the relatively inaccessible rural areas of Lapland, the rate was 25. It is also of interest that in certain rural hospitals where no specialized obstetric consultant was available and general practitioners and midwives had to depend on a general surgeon for this service, the maternal mortality rate was 45.

These facts are known and yet vigorous steps have not been taken in this country to provide all the resources and facilities that are necessary to make medical and nursing care adequate and hospital care accessible to all. Many thousands of mothers in the United States today, especially in rural areas and in smaller cities, are unable to have the necessary care--either for economic reasons or because of inaccessibility or even absolute lack in their own communities of skilled medical and nursing care, specialized consultant service, or facilities for hospitalization, or because they have not yet learned of the importance of seeking adequate medical and nursing care. The report of a study of maternal mortality in 15 States made by the Children's Bureau for deaths that occurred in 1927 and 1928 showed that in 17 percent of the deaths during the last 3 months of pregnancy, the patient was not attended by a physician at time of delivery, and that more than one-half (54 percent) of the women who could reasonably have been expected to have prenatal care received no prenatal care by a physician.

That the number of infant deaths in the first month of life can be reduced to a very appreciable extent has also been demonstrated where special care for mother and child is available. The measures for reduction of fetal and neonatal deaths are to a great extent the same as those for the reduction of maternal deaths; namely, skilled medical and nursing care throughout pregnancy, at delivery, and during the postnatal period. Knowledge of care of the infant, the best methods of resuscitation, and special measures to protect and care for premature infants, must be added to knowledge of how to care for the mother if infant lives are to be saved.

How can the lives of these mothers and infants be saved? What steps must be taken to provide the necessary care?

On the basis of the experience of the United States throughout the past two decades and especially on that of recent years, extension of the maternal and child-health work begun in 1935 through Federal cooperation with the States under the Social Security Act appears to be urgently needed. This extension should include not only provision of increased resources for actual maternal and infant care, including care given by general practitioners in local communities, expert obstetric and pediatric consultation service for areas where this is not available, and hospitalization of emergency and other selected cases, but also a training program for physicians, nurses, and public-health officials. A training program is of major consequence if maternity care is to be rendered competently by physicians and nurses and if proper standards of care are to be established and maintained under an adequate program of public service.

Under the Social Security Act headway is being made in certain phases of the maternal-care program, notably in the employment of public-health nurses, the establishment of programs for prenatal and postnatal care, and the development of a variety of educational programs for lay and professional groups. Though facilities for prenatal and postnatal nursing care are increasing

steadily, only a small beginning has been made in the provision in rural areas of nursing care at time of delivery. In only a few areas have programs of medical service at delivery been made available for those unable to secure this service otherwise.

A substantial proportion of the total State and Federal funds for maternal and child health have been budgeted for services of physicians in local communities and for postgraduate lecture courses in obstetrics and pediatrics. Though the need for extension of the clinical program to include delivery care and of the training program to include facilities for clinical experience under qualified teachers has been increasingly recognized, available funds are entirely inadequate to carry it out.

If the lives of mothers and infants are to be saved, however, the need for a vigorous and far-reaching medical and nursing maternity-care program must be faced frankly by government, by the members of the medical and nursing and social-work professions who must jointly assist in establishing and maintaining standards of care and procedure in their respective parts of the program, and by the public, the men and the women whose family life is jeopardized and who are the ones to suffer the human and social and economic losses involved in this unnecessary mortality among women and childbirth.



THE TWENTY-FIFTH ANNIVERSARY DINNER

April 8, 1937

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A dinner in honor of the twenty-fifth anniversary of the Children's Bureau is being held on April 8, 1937, at the Hotel Mayflower, Washington, D.C. This is sponsored by a group of men and women closely associated with child health and child welfare in the United States during the 25-year period and, accordingly, closely associated with the history of the Children's Bureau.

Mrs. Dorothy Kirchwey Brown of Boston, who will preside at the dinner, became active in the National child-welfare field shortly after the World War, during the period when the Sheppard-Towner Act was in operation and when the child-labor amendment resolution was before Congress. She was the author of pamphlets, *The Case for the Acceptance of the Sheppard-Towner Act*, and *The Background of Our Child-Labor Problem*.

Six speakers will discuss briefly at the anniversary dinner various aspects of Children's Bureau activities. Senator William E. Borah, the first speaker, introduced Senate Bill 252 passed by Congress and approved by President Taft on April 9, 1912, establishing the Children's Bureau in the then-existing Department of Commerce and Labor. William L. Chenery, editor of *Colliers*, aided Julia Lathrop and Grace Abbott in organizing the 1919 Children's Bureau Conference on Child-Welfare Standards. Grace Abbott of Chicago, as Chief of the Children's Bureau from 1921 to 1934 and as a

leading social worker before and after that period, is well known for her efforts to advance the interests of children. Dr. Kenneth D. Blackfan, a pediatrician of Boston, appointed in 1935 by the Secretary of Labor as the chairman of the General Advisory Committee on Maternal and Child-Welfare Services, is directly associated with the current activity of the Children's Bureau in relation to the three social-security programs that the Bureau administers. The Secretary of Labor, Frances Perkins, will speak from her day-by-day experience of the Children's Bureau activities as a part of the United States Department of Labor. Mrs. Franklin Delano Roosevelt will speak as a representative of the public which called the Children's Bureau into existence and which makes use of the services that the Bureau is equipped to give. At the close of the program the Children's Bureau will once again be placed in the hands of its chief, Katharine F. Lenroot, for leadership in the years ahead.

The honor guests invited included Lillian D. Wald, who first proposed to President Theodore Roosevelt the creation of a children's bureau, and Homer Folks and Judge Julian Mack who shared in the writing of a resolution recommending the establishment of the Children's Bureau, which was adopted by the 1909 Conference on the Care of Dependent Children. Others invited to be guests

of honor includes members of Congress who voted for the Children's Bureau bill in 1912, Federal

LILLIAN D. WALD



A message from Miss Wald, founder of the Henry Street Settlement in New York City, who first proposed a Federal children's bureau, will be read at the anniversary dinner.

officials who direct agencies that work closely with the Children's Bureau, and friends and advisers of the Bureau throughout its history.

Among the honor guests whose attendance was assured at the time of going to press were the following:

Grace Abbott
Hon. Arthur S. Altmeyer
Dr. S. Josephine Baker
Dr. Kenneth D. Blackfan
Hon. William E. Borah
Mrs. Dorothy Kirchwey Brown
Mrs. Anna Lathrop Case
Dr. Martha M. Eliot
Homer Folks
Paul Kellogg
Judge Irvine L. Lenroot
Katharine F. Lenroot
Owen R. Lovejoy
Dr. Thomas Parran, Jr.
Hon. Frances Perkins
Hon. Josephine Roche
Mrs. Franklin Delano Roosevelt

The 76 sponsors who issued the invitation to the dinner and the invited guests include in part the co-workers of the Children's Bureau, past and present, who locally, in the States, and nationally, have sought and are seeking to advance the interests of children in the United States.

THE QUARTER-CENTURY MARK

The National Organization for Public Health Nursing, like the Children's Bureau, came into existence in 1912 and is celebrating its twenty-fifth anniversary this year. Lillian D. Wald, who originated the idea of a Federal children's bureau, was chairman of a joint committee appointed by the Nurses' Associated Alumnae and the American Society of Superintendents of Training Schools for Nurses that formulated the proposal for the new national organization for public-health nursing. Other members of this committee were Mary Beard, Ella Phillips Crandall, and Mary Sewall Gardner.

An article by Miss Gardner in *Public Health Nursing* for March 1937 (vol. 29, no. 3, pp. 141-144) describes the beginnings of the N.O.P.H.N.

Another national organization celebrating its twenty-fifth anniversary in 1937 is the Girl Scouts. Girl Scout Report for 1936 takes the form of an illustrated twenty-fifth anniversary booklet. This states that nearly 2,000,000 girls have participated in girl-scout activities since the organization was founded in 1912. The number of active girl scouts in December 31, 1936, was 288,484.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

CHILD WELFARE IN RURAL AREAS

With the approval of plans submitted by the State Department of Public Welfare, Kentucky was added on March 9 to the 41 States participating in

the program of child-welfare services under the Social Security Act. The total number participating is now 42 States and the District of Columbia.

ADVISORY COMMITTEES FOR CHILD-WELFARE SERVICES

One of the first undertakings in organizing State programs for child-welfare services has been the appointment of State advisory committees and advisory committees in local units selected for demonstration of child-welfare services.

The following excerpts from progress reports received from the various States covering the 6 months' period prior to January 1, 1937, describe the membership and activities of certain State and local advisory committees.

STATE ADVISORY COMMITTEES

Pennsylvania--A small advisory committee with 12 members has been meeting monthly to consult with the Secretary of Welfare, the Chief of the Division of Community Work, and the staff of the Rural Extension Unit. This committee is a part of the large State-wide group. This group helps in the selection of counties, reviews and discusses plans, and receives reports of progress. The members were selected to serve because they have much to contribute from their experience as board members in rural counties having private child-welfare agencies, or because they are social workers, or have experience and knowledge of the State that makes their services particularly valuable.

A State-wide committee has been appointed by the Secretary of Welfare, which includes a large number of persons interested in the welfare of children. With the enlarged concept of child welfare which the Social Security Act makes possible of development, there is particular need of the experience and advice of those persons who represent churches, schools, courts, and fraternal or protective organizations and agencies. This committee is not only an advisory but an interpretative body.

It is planned that the large State-wide committee shall meet not more than once or twice a year. However, the members will be kept informed of progress through occasional bulletins or news letters. The staff of the Rural Extension Unit would like to be able to consult them individually from time to time when the individual experience or knowledge of conditions is needed in helping with the development of this program of child welfare.

Wisconsin--The State Advisory Committee consists of 24 persons from various sections of the State interested in child-welfare work. A subcommittee, with the approval of the entire committee, has prepared suggestions for the Juvenile Department of the State Board of Control and the local county advisory committees for the carrying out of the child-welfare services.

North Carolina--The State Advisory Committee has held quarterly meetings which have generally been well attended. There seems to be a great deal of interest on the part of the members, and it is potentially an excellent guiding committee. The committee can be of great assistance in interpreting child-welfare services to other agencies. At the last meeting a county worker was brought in to describe her work in an isolated community, in order to give the committee a clear and vivid understanding of child-welfare services in the counties.

Illinois--During the next 6 months special emphasis will be given to: (1) Regional conferences for board members and executives of private child-caring institutions and agencies. Six conferences are planned for early spring, to which will be brought specialists in the various phases of child care; (2) informal conferences with small groups of probation officers in rural counties to give them some of the underlying philosophies and techniques in the handling of their problems of dependency and delinquency.

LOCAL ADVISORY COMMITTEES

Missouri--The county child-welfare advisory committees are composed of a member of the county court, the county superintendent of schools, one person appointed by the circuit (juvenile) judge, and representatives of local clubs. The county advisory committee serves as a coordinating group for all club and social-welfare interests of the community. The advisory committees of three counties composing a judicial-court district joined in holding a public child-welfare conference at which interest was stimulated in having a local unit worker. Talks were made by the Director of the State Children's Bureau, and by the Circuit Judge. A play was given which had been written by the district supervisor to show the functions of a child-welfare service worker.

North Carolina--The Child-Welfare Advisory Committee in X County was appointed soon after the child-welfare assistant went into the county. This Committee has not been active and the child-welfare assistant was discouraged because of the apparent lack of interest on the part of the county. She tried various devices to arouse interest and gradually obtained some results.

Delaware--Meetings of advisory groups to the State Board of Charities in each of the two counties were held as soon as possible after the worker's appointment so that there might be an understanding in the communities of the services the workers were prepared to give.

New Hampshire--Local advisory committees have been appointed in the two demonstration areas and

are proving helpful in interpreting child-welfare services to these communities.

Wisconsin--In one county it was found necessary to enlarge the advisory committee, as the smaller committee was not representative and was almost totally centering its interest on the city and forgetting the rest of the county. The new committee has become interested in having an institute on child welfare and has developed plans for a 1-day session to which they have invited people from this county and surrounding counties. They have secured as speakers some of the outstanding people of the State in child-welfare work.

Iowa--The advisory committees, set up in the counties being used as demonstration units, already have been a real help in this part of the program.

UTILIZING COMMUNITY RESOURCES

From a number of States have come indications that definite steps are being taken toward coordination of child-welfare services in "demonstration counties" with the resources available through private child-welfare agencies and clubs and groups interested in social welfare in the community, as well as with the work of courts handling children's cases, schools, and health agencies.

The trend is shown in the following examples taken from State progress reports relating to work in individual counties or other areas.

New Hampshire--The child-welfare service workers have cooperated very closely with the New Hampshire Children's Aid Society and a number of cases have been handled jointly. The society has recently added a psychometrist and psychiatrist to its staff and the child-welfare service workers are using these services.

Missouri--A private agency which accepts children from various parts of the State and gives some specialized care, clears through the district supervisors to determine whether plans should be made for the child in his own home and community or provision made by the private agency.

Delaware--Services have been rendered in cooperation with the Levy Court, schools, State Department of Public Instruction, the juvenile court, the mental-hygiene clinic, the local units of the State Board of Health, the Delaware Children's Bureau, the Delaware Children's Home Society, and the mothers' pension commission.

Connecticut--Conferences were held with the Connecticut Children's Aid Society, the Diocesan Bureau of Social Service, and the Connecticut Humane Society, the three State-wide organizations operating in one of the counties. The purposes and aims of the project were explained to them and the matter of referrals was carefully worked out so that there would be no possibility of duplica-

tion of services, and their cooperation was secured. Cases are cleared and registered with the Social Service Exchange in Hartford, which also accepts State-wide registrations from these agencies.

When there has been a question of providing foster-home care, the cases have been referred to the proper child-placing agency. In one case convalescent care was arranged for through a child-placing agency, the town assuming the financial obligation.

Minnesota--An important part of the program in one of the counties for the past 6 months has been the work with such civic groups as the American Legion, League of Women Voters, Federation of Women's Clubs, Parent-Teacher Association, and Catholic Women's Council.

Idaho--In those counties in which concentrated child-welfare work is being done, the consultant's work is closely integrated with that of the county welfare boards and the county officials. By keeping these workers closely informed as to the development and outcome of each case referred, the consultant has been able to develop a close working relationship with them. She has also done much to integrate the work of all social agencies.

Oklahoma--There is a feeling on the part of officials and private citizens in the community that private agencies should broaden their program. The child-welfare worker has advised with the agencies, using them resourcefully and assisting in opening to them new avenues of thought and realization as to possibilities in filling in the "gaps" in the whole welfare program. This will be, at its best, a slow, careful process and in some instances discouraging.

Wisconsin--It is planned to coordinate the child-welfare program within counties through organization of county community councils, including child-welfare program of the American Legion, private child-welfare agencies, parent-teacher associations, and recreation programs under Works Progress Administration.

—E.O.L.

MATERNAL AND CHILD-HEALTH SERVICES

New Mexico The primary health problem in New Mexico is one of better sanitation, health education, and the provision of more adequate medical and nursing facilities for maternity care and care of infants. In 1935 New Mexico had the highest infant mortality rate of any State in the Union, 129 per 1,000 live births. The maternal mortality rate was also high, 69 per 10,000 live births. The high infant death rate is caused to such an extent by the incidence of diarrhea and dysentery that if any child-health program is to be effective, it must recognize this problem and direct its activities accordingly.

Maternal and child-health activities in New Mexico have been carried on largely through a nursing program. A program of medical services is being gradually built up under the Social Security Act through well-baby and prenatal conferences and clinics in which local physicians will be brought into the picture.

A monthly well-baby conference, for instance, is held in San Jose, just outside of Albuquerque. The conference is held in a school that serves the Spanish-American population, and a majority of the mothers and babies attending are of this nation-

ality. In this region of drought and poverty, the basic diet is chili beans. Without funds for procuring a more adequate diet, advice on nutrition is often futile.

Arizona An example of especially fine cooperative relationship exists between the county commissioners and the county-city health department in Pima County, Ariz. An arrangement has been made through the Division of Maternal and Child Health whereby mothers and children unable to pay for medical aid are cared for by local physicians at their offices and free hospital facilities are made possible by the county commissioners.

About 200 children who are known to have come in contact with cases of tuberculosis are cared for in the Pima County Tuberculosis Preventorium. Fresh vegetables are raised on the welfare department's truck farm, and the county provides school teachers so that no interruption occurs in school work. At the county hospital for children, in addition to beds for sick children, accommodations are being arranged for convalescent crippled children.

BOOK AND PERIODICAL NOTES

(Services for Crippled Children)

MINNESOTA'S SERVICES FOR CRIPPLED CHILDREN, by H.E. Hilleboe, M.D., and E.R. Harrison, R.N. Minnesota State Board of Control, St. Paul. 4 pp. Reprinted from *Physiotherapy Review*, vol. 17, no. 1 (January 1937).

The first service rendered to crippled children when Federal funds became available under the Social Security Act, was the hospitalization of indigent crippled children on the waiting lists of the hospitals. This has resulted in a marked reduction in the waiting lists and a decrease in the period of time new cases must wait for admission to hospitals.

During 1936, 8 field clinics were held in rural areas at which 719 crippled persons under 21 were examined. It was planned to hold 12 clinics annually in the future at strategic points throughout the State, so that residents in every rural county would have access to crippled-children field clinics

each year for diagnostic and follow-up examination.

A staff composed of a supervisor and six public-health nurses serve to help locate new cases, assist with diagnostic clinics, and supervise home treatments. The supervisor and two of the nurses are trained physical therapists, who follow up clinic and discharged hospital cases and perform the actual work of physical therapy.

THE CRIPPLED CHILD IN NEW YORK STATE, by Marian Davis. *Public Health Nursing*, vol. 29, no. 2 (February 1937), pp. 81-84.

This article, the second in a series on programs for crippled children, discusses the practice followed in New York State in locating crippled children and in providing medical and clinical care and education and rehabilitation. Correlation with other services, the cooperation of school nurses, and the field program are described.

MATERNAL, INFANT, AND CHILD HEALTH

INFANT AND MATERNAL MORTALITY, 1915-35

BY ELIZABETH C. TANDY, D.Sc.

When the Children's Bureau was established in 1912 there was little accurate information about loss of life in the United States among women in childbirth or among infants in the first year of life. At the time of the first Conference on Prevention of Infant Mortality, held in 1909 under the auspices of the American Academy of Medicine, data on infant mortality were limited to the statistics on infant deaths collected in the decennial censuses of 1880, 1890, and 1900, and to reports of births in a few States and cities.

In the first decade of the present century the interest of professional workers in the United States was aroused, and concerted action was initiated to make available statistical information with respect to the magnitude of the loss of infant and maternal life and the causes underlying infant and maternal mortality.

The United States Bureau of the Census had been empowered by an act of Congress in 1902 to collect mortality and birth statistics annually, but for the attainment of satisfactory statistics uniformity in State registration laws and completeness of registration were imperative. Recognizing the need for adequate Nation-wide statistics, the Children's Bureau cooperated with the Bureau of the Census and other agencies in stimulating registration of births and deaths and educating the public in the importance of registration to the individual, the State, and the Nation. Many women's organizations, notably the General Federation of Women's Clubs, were prime movers in the development of registration of births. In 1915, when the United States birth-registration area was established, only 10 States and the District of Columbia met the requirements for admission to the area. The registration area was expanded from year to year as more and more States passed satisfactory registration laws and were able to show the 90-percent completeness of registration required for admission. Nation-wide

statistics were finally achieved in 1933 when the last State (Texas) was admitted to the registration area.

During 1935 in the United States 120,138 of the 2,155,105 infants born alive died before completing their first year of life. This represents a mortality rate of 56 per 1,000 live births, the lowest rate ever recorded for the United States. In the early years of the birth-registration area, 1915 and 1916, the rate stood at about 100. The rate for 1935, of course, is not entirely comparable with that for 1915 and 1916, because the birth-registration area has expanded, but it is obvious that if the 1915 rate had prevailed in 1935 the number of infant deaths in the United States would have been almost doubled. Practically every State has shown a substantial reduction of infant mortality during the period of record. (See table IM-1).

During 1935 in the United States 12,544 women died from diseases of pregnancy and childbirth. Almost half these deaths (5,174) were due to puerperal sepsis and more than one-fifth (2,726) to toxemias; both these causes are largely preventable.

The maternal mortality rate for 1935 stood at 58 per 10,000 live births. Little reduction in maternal mortality since 1915 is indicated by the figures for the expanding birth-registration area, but the failure to show improvement is partly due to the inclusion of additional States in the area from year to year. The rates for the group of States included in the area each year from 1921 onward are a more adequate index of the reduction in the loss of maternal life. For this group of States the maternal mortality rate for 1935 (54 per 10,000 live births) was 13 points lower than in 1921 (67), representing an average decrease of about 1 percent annually. The decreases in many of the States during the period of record are quite substantial. (See table MM-1).

Table M-1
TEND OF INFANT MORTALITY IN THE UNITED STATES EXPANDING BIRTH-REGISTRATION AREA BY STATES, 1915-35

State	Deaths under 1 year per 1,000 live births																
	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Alabama	100	101	94	101	87	86	76	76	77	71	72	73	65	69	68	65	62
Arizona	--	--	--	--	--	--	--	--	--	--	--	--	121	142	133	117	110
Arkansas	--	--	--	--	--	--	--	--	--	--	--	--	61	67	58	51	49
California	--	--	--	--	70	74	66	71	73	67	69	63	62	62	63	59	57
Colorado	--	--	--	--	--	--	--	--	--	--	--	--	--	89	91	94	81
Connecticut	107	101	94	107	86	92	73	77	77	69	73	72	59	59	64	56	54
Delaware	--	--	--	--	--	--	--	100	104	95	91	85	55	78	81	78	82
District of Columbia	111	106	97	112	85	91	83	85	92	76	87	75	68	65	73	71	67
Florida	--	--	--	--	--	--	--	--	--	--	82	74	67	67	65	64	64
Georgia	--	--	--	--	--	--	--	--	--	--	--	--	--	82	76	77	68
Idaho	--	--	--	--	--	--	--	76	82	71	73	63	50	59	55	57	56
Illinois	--	--	86	87	79	82	71	67	71	65	68	62	54	64	61	56	59
Indiana	--	--	86	87	79	82	71	67	71	65	68	62	54	64	61	56	59
Iowa	--	--	77	80	70	73	63	65	63	59	56	65	55	53	58	54	48
Kansas	--	--	87	93	82	73	62	69	72	65	71	75	61	70	71	65	65
Kentucky	--	--	87	93	82	73	62	69	72	65	71	75	61	70	71	65	65
Louisiana	105	108	93	101	91	102	88	86	89	81	76	80	77	78	77	76	72
Maine	--	121	120	140	105	104	94	94	94	86	90	87	81	80	81	80	81
Maryland	101	100	98	113	88	91	76	81	78	68	73	65	66	64	62	60	55
Massachusetts	86	96	88	89	90	92	79	75	80	72	75	77	68	69	66	63	57
Michigan	70	70	67	71	67	66	68	68	68	71	68	58	67	74	72	68	56
Minnesota	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Mississippi	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Missouri	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Montana	--	--	--	--	--	--	--	70	71	67	71	77	66	61	64	58	60
Nebraska	--	--	--	--	--	64	59	57	57	55	58	59	51	53	52	49	49
Nevada	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
New Hampshire	110	115	110	113	93	88	87	80	93	80	76	79	69	69	68	61	74
New Jersey	--	--	--	--	--	--	74	79	72	70	69	70	61	65	60	56	57
New Mexico	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	145	134
New York	99	94	91	97	84	86	75	77	72	69	68	71	59	65	61	59	57
North Carolina	--	--	100	102	84	85	75	80	81	82	79	82	79	86	79	73	73
North Dakota	--	--	92	94	90	83	75	72	75	67	70	76	62	66	69	61	60
Ohio	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Oklahoma	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Oregon	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Pennsylvania	110	114	111	129	100	97	68	88	88	90	82	82	69	72	71	68	67
Rhode Island	120	111	108	126	(1)	(1)	93	85	94	80	73	82	67	67	72	62	61
South Carolina	--	--	--	--	--	--	--	--	--	102	(1)	(1)	(1)	97	91	89	81
South Dakota	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Tennessee	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Texas	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Utah	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Vermont	85	93	98	103	91	84	79	73	84	78	81	84	75	76	76	76	67
Virginia	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Washington	--	--	69	69	63	66	55	62	57	56	56	56	50	48	49	49	48
West Virginia	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Wisconsin	--	--	78	79	80	77	72	71	79	65	67	69	59	61	60	56	53
Wyoming	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1/ Dropped from birth-registration area.
Source: U. S. Bureau of the Census

Children's Bureau, U. S. Department of Labor

Table MM-1
TEND OF MATERNAL MORTALITY IN THE UNITED STATES EXPANDING BIRTH REGISTRATION AREA BY STATES, 1915-35

State	Deaths assigned to pregnancy and childbirth per 10,000 live births																				
	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Alabama	61	62	66	92	74	80	68	66	67	66	65	66	65	69	70	67	66	63	62	59	58
Arizona	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Arkansas	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
California	--	--	--	--	80	77	68	72	67	59	60	56	58	61	57	51	62	56	46	43	45
Colorado	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Connecticut	56	49	51	75	62	68	53	57	57	57	49	58	55	53	54	49	43	48	50	47	43
Delaware	--	--	--	--	--	--	63	66	64	77	77	87	77	86	85	70	90	71	82	69	67
District of Columbia	70	101	86	91	86	88	101	71	101	122	121	121	110	107	95	102	104	101	115	84	87
Florida	--	--	--	--	--	--	--	--	--	--	--	--	--	--	93	106	99	92	75	76	73
Georgia	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Idaho	--	--	--	--	--	--	--	53	64	62	58	57	60	68	61	65	51	53	43	62	63
Illinois	--	--	73	104	84	87	69	66	66	58	60	65	66	62	60	70	62	57	59	52	50
Indiana	--	--	--	--	--	--	--	66	66	60	56	60	59	48	56	59	50	54	53	51	54
Iowa	--	--	76	114	82	84	64	76	68	63	65	60	60	48	56	59	62	62	53	51	61
Kansas	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Kentucky	--	--	60	80	63	64	63	61	60	62	60	58	49	60	66	64	64	57	53	54	53
Louisiana	--	--	--	--	--	--	--	--	--	--	--	--	91	114	99	100	86	81	84	79	79
Maine	68	78	67	86	86	85	74	76	87	82	72	67	80	74	72	72	79	64	70	60	57
Maryland	--	64	68	95	84	76	67	59	66	66	58	58	58	65	55	56	61	51	50	52	54
Massachusetts	57	60	65	92	71	75	65	68	63	65	63	64	63	64	65	64	65	60	67	54	57
Michigan	67	68	74	86	77	93	69	69	70	65	64	67	68	66	66	62	62	60	61	57	53
Minnesota	52	55	56	78	67	79	57	49	60	50	53	57	54	57	43	53	49	63	44	67	67
Mississippi	--	--	--	--	--	--	51	83	88	95	98	79	87	94	89	96	80	63	73	66	67
Missouri	--	--	--	--	--	--	--	--	75	66	81	80	66	70	73	61	73	61	58	61	57
Montana	--	--	--	--	--	--	--	79	--	--	--	--	--	--	84	69	73	66	57	57	52
Nebraska	--	--	--	--	--	71	66	58	58	63	57	66	59	60	61	58	54	52	46	52	59
Nevada	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	105	98	63	81	63	59
New Hampshire	61	72	70	78	80	71	62	65	74	61	71	76	65	63	75	62	68	59	69	57	61
New Jersey	--	--	--	--	--	--	59	64	57	62	64	58	63	59	55	56	57	57	86	74	46
New Mexico	--	--	--	--	--	--	--	--	--	--	--	--	--	--	87	88	72	91	86	69	69
New York	59	54	57	80	62	69	63	60	57	59	60	57	61	59	56	56	59	59	62	53	53
North Carolina	--	--	82	108	93	100	73	80	80	77	87	88	84	78	84	83	49	68	68	47	65
North Dakota	--	--	--	--	--	--	--	--	72	64	68	67	62	64	67	63	65	63	61	60	60
Ohio	--	--	71	97	74	80	72	66	72	64	68	67	--	71	82	69	62	72	65	60	59
Oklahoma	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Oregon	--	--	--	--	101	94	74	83	69	65	72	59	64	61	59	58	45	47	55	61	54
Pennsylvania	64	70	65	105	68	78	68	62	66	63	64	64	64	61	59	60	65	61	58	55	54
Rhode Island	66	58	63	98	(1)	(1)	55	57	63	63	52	60	64	60	79	57	55	60	57	55	44
South Carolina	--	--	--	--	112	122	98	107	97	108	(1)	(1)	(1)	109	114	114	102	94	80	87	95
South Dakota	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	37	48	51	65
Tennessee	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	74	60	62	67
Texas	--	--	--	--	--	--	--	--	--	--	--	--	--	71	89	84	74	72	60	62	67
Utah	--	--	59	86	84	79	73	55	50	45	52	49	75	49	49	--	--	43	45	45	46
Vermont	--	--	64	80	80	70	73	74	70	81	68	67	73	58	71	66	76	57	39	68	68
Virginia	61	79	82	107	83	86	70	72	74	65	70	80	66	75	71	71	75	71	63	64	56
Washington	--	--	74	99	86	92	78	79	67	71	60	75	66	72	62	62	64	60	64	49	49
West Virginia	--	--	--	--	--	--	--	--	--	--	63	71	62	57	58	60	58	57	57	55	52
Wisconsin	--	--	57	60	48	67	58	56	58	60	52	60	53	58	51	54	45	44	50	45	40
Wyoming	--	--	--	--	--	--	71	71	73	98	95	93	87	65	63	92	84	66	57	61	41

1/ Dropped from birth-registration area.

Compiled from figures supplied by the U. S. Bureau of the Census

Children's Bureau, U. S. Department of Labor

NEWS AND RESEARCH NOTES

Pediatric consultation and field service by Child Welfare League

A new service to child-caring agencies and institutions, consultation and field service by a pediatrician, is being launched by the Child Welfare League of America, which has appointed Florence A. Browne, M.D., of Detroit, to carry on this service, beginning March 1, 1937. Dr. Browne has been a member of the staff of the United States Children's Bureau for nearly 2 years, working on a study of prevention of rickets in children in Detroit. The new pediatric service offered by the Child Welfare League of America is made possible through a 4-year appropriation from the Commonwealth Fund, granted on April 21, 1936. *Bulletin, C.W.L.A., 130 East 22d St., New York, vol. 16, no. 2 (February 1937), pp. 1, 5-7.*

Trachoma program in Indian schools

The success of the program in operation for the past 2 or 3 years at the Theodore Roosevelt school on Whiteriver Apache Reservation has demonstrated, the physicians in charge believe, that trachoma can be halted in Indian boarding schools. The trachoma problem in Indian homes has not been met by this procedure, however.

This year a trachoma program is being started in certain areas of the Navajo country with the collaboration of the education and health divisions of the Indian Service. Two of the boarding schools are being placed "on the trachoma regime," and trachoma treatments will be extended to certain of the day-school areas in an endeavor not only to treat the affected children, but also to build up clinics to which older persons and pre-school children may come. It is hoped thus to reach into the Indian home and halt the spread of trachoma among its members. *Indian Education (U.S. Office of Indian Affairs, Washington, D.C.), February 15, 1937. pp. 2-4.*

American Public Health Association (Southern Branch) issues transactions of fifth annual meeting

Transactions of the Southern Branch of the American Public Health Association, held in Baltimore, November 17 and 18, 1936, contains a symposium on poliomyelitis, in which the outbreaks of this disease in Virginia in 1935, in Alabama during 1936, and in Tennessee during 1936 are discussed. Charles Armstrong, M.D., Senior Surgeon, National Institute of Health, United States Public Health Service, contributes Experience With the Picric Acid-Alum Spray in the Prevention of Poliomyelitis in Alabama, 1936. Among other papers in the transactions is one on Screening as a Part of Malaria Control, by George E. Riley, M.D., and Nelson H. Rector, C.E.

The Oslo breakfast

Professor Dr. Carl Schiotz of Oslo sends in the accompanying photograph of children receiving a school breakfast of protective foods, with a description of the breakfasts, which are being used in many schools in Norway, and in some schools in Sweden, Finland, and Denmark.



The Oslo breakfast consists of unskimmed milk (one-third liter); "Kneipp-crackers" baked preferably of whole wheat with margarine (or butter) and goat's cheese, and half an orange, half an apple, or one raw carrot, alternated according to season.

BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

A NATION-WIDE NUTRITION PROGRAM FOR PUBLIC-HEALTH NURSES, by Elizabeth Guilford and Williedell Schawe. *Public Health Nursing*, vol. 29, no. 3 (March 1937), pp. 145-149.

Since 1932 a nutrition adviser has worked with the nurses of the Metropolitan Life Insurance Co., spending several weeks in centers where there is a staff of nurses under a local supervisor and holding 2-day institutes in other parts of the country where company nurses are working alone or as members of a small staff. The service aims to bring to the nurses carefully selected and pertinent material and to show them how to make their knowledge of nutrition an integral part of their professional equipment. Many nurses report that the nutrition program has increased their effectiveness as public-health workers.

VOLUNTEERS FOR MOTHERS' CLUBS, by Blanche Dimond. *Public Health Nursing*, vol. 29, no. 2 (February 1937), pp. 116-118.

The Community Health Association of Boston has recently experimented with the use of volunteers for nutrition talks and demonstrations to groups of expectant mothers in districts without a full-time nutrition worker. Fifteen women selected by the nurses and nutrition workers have been given intensive training, including supervised practice, and have begun work under the direction of the district supervisors. Teachers and club members alike report favorably on the new plan.

THE AMERICAN PEOPLE; studies in population. *Annals of the American Academy of Political and Social Science* (Philadelphia), vol. 188, (November 1936), 396 pp. \$2.

Among important papers in this volume with a bearing on infant and maternal health are Modern Trends in the Birth Rate, by Alfred J. Lotka; Death Rates, by John Collinson; Infant Mortality in the United States, by Robert M. Woodbury; Maternal Mortality and the Decline in the Birth Rate, by Mary Dublin; The State of the Nation's Health, by G. St. J. Perrott; and Age and Sex in Population Analysis, by Robert E. Chaddock. Other articles of special interest include The Broken Family--Widowhood and Orphanhood, by Mortimer Spiegelman; Nutrition and Agricultural Policy, by Warren C. Waite and John D. Black; and Internal Migration and Economic Opportunity, by Carter Goodrich. Halbert L. Dunn contributes an article

on Vital Statistics Collected by the Government, and Leon E. Truesdell one on Value of the Population Census for Research.

MATERNAL MORTALITY IN BOSTON FOR THE YEARS 1933, 1934, and 1935; a study conducted by the Obstetrical Society of Boston and the Boston Department of Health. *New England Journal of Medicine*, vol. 216, no. 2 (January 14, 1937), pp. 43-51.

Dr. R. L. DeNormandie, chairman of a committee of the Obstetrical Society of Boston appointed to study maternal deaths in Boston, gave this paper embodying the results of the study before a meeting of the society in October 1936. The study covered all deaths occurring in Boston during the years 1933, 1934, and 1935, of women stated to be pregnant. The concluding paragraph of the report reads as follows:

"A report such as this is depressing. Good obstetrics is practiced in Boston, but this report brings out the fact that there is also a good deal of bad obstetrics. The results of this study are a direct challenge to those men that have done poor work, and it is their duty to perform, in the future, only work that they are capable of doing. The report is a direct warning to all physicians that improperly selected operations or operations badly performed carry with them a high maternal mortality. It is also a direct challenge to the hospitals that have allowed bad obstetrics to be practiced by members of their staff."

PROPHYLAXIS OF RICKETS IN INFANTS WITH IRRADIATED EVAPORATED MILK, by Leonard T. Davidson, M.D., Katharine K. Merritt, M.D., and Sidney S. Chipman, M.D. *American Journal of Diseases of Children*, vol. 53, no. 1 (January 1937--in two parts--part I), pp. 1-21.

This is the report of a study undertaken to determine the antirachitic potency of irradiated evaporated milk and to compare its efficacy with that of vitamin-D milk from cows fed irradiated yeast, reported in a previous paper (January 1936). In the group of 18 premature infants in this study who were given irradiated evaporated milk as their sole source of vitamin D the rickets "tended to develop earlier, became more severe, and showed less spontaneous healing than was the case in the group previously reported on who were given metabolized vitamin-D milk."

CHILD LABOR

CHILD LABOR 1912 TO 1937

BY BEATRICE MCCONNELL

The country ought to know how the labor of children is being regulated; what occupations are especially dangerous or injurious physically or morally; at what ages children should be allowed to enter the army of breadwinners, and what restrictions should be thrown around them; in what occupations and at what ages the labor of children should be prohibited and what is the general effect of premature toil.

This quotation is found in the Congressional Committee report which in 1910 recommended to Congress the bill establishing the Federal Children's Bureau, and empowering it to investigate and report on all matters pertaining to child labor and other phases of child welfare. The demand for a national bureau to investigate child labor as an important problem of child welfare was one of the fundamental reasons for the establishment of the bureau and the committee's expression of the need for information on child workers and for the development of child-labor standards showed the public realization of the waste of children in industry and of the necessity for remedial measures.

Although the last two decades of the nineteenth century had seen the emergence of a social consciousness of child-labor abuses in this country, the growth of that consciousness was most marked during the early years of the twentieth century. The 25 years since the Children's Bureau was established have seen great changes in employment conditions and great advances in the protection of children from industrial exploitation.

The monumental study of the Bureau of Labor (then a part of the Department of Commerce and Labor) on the Conditions of Woman and Child Wage Earners in the United States, published in 1910-12, was an important factor in bringing to public consciousness both the need for better child-labor standards and the need for a Federal Children's Bureau. It showed that 20 percent of the operatives in the cotton-textile industry in the South, 23 percent in the silk industry in Pennsylvania, and 10 percent in the widely distributed glass industry, were children under 16. It was customary at that time for industrial workers to set their children to work as soon as the legal minimum age was reached, commonly between 12 and 14 years of age. In the families studied connected with the

cotton-textile, silk, and glass industries in which there were children 14 and 15 years of age, the percentage of these children who were at work ranged from 84 to 96. Many children under 14 were at work, in some States illegally, in others legally.

Child-labor legislation at the time the Children's Bureau was established in 1912 covered only the rudiments of child-labor laws as we know them today. The 16-year minimum-age standard was practically unknown; 3 States fixed no minimum age for employment and in 6 additional States there was not even a nominal 14-year age minimum. In some States where such a minimum existed the laws had so many exceptions that the age for children entering industry was really 12 years or less instead of 14. Even the uniform child-labor law proposed as a great step forward by the Conference of Commissioners on Uniform State Laws in 1911 accepted as its goal the 14-year minimum age. Some prohibition of night work existed in 35 States--in many cases, however, only for children up to 14 years of age or only after 9 or 10 p.m.--but in 13 States there was no night-work prohibition at all. Some progress had been made in regulating hours of labor for 12- to 16-year-old children, but the usual restriction limited daily working hours to 9 or 10, or weekly hours to 56 or 60 with no limitation on daily hours. However, 10 States did have an 8-hour day for children under 16.

Up to this time, very little attention had been paid to methods of administration and enforcement of child-labor laws. The system of employment certification based on documentary proof of age was only beginning. In nearly half the States no real proof of the child's age was required, and in 7 States where child-labor laws existed there was no State inspection department to enforce them.

The activities of the Children's Bureau from the beginning have dealt with all phases of child labor, including surveys of the extent and conditions of employment, compilations and analyses of State child-labor laws, and studies of child labor law administration. These studies have served a purpose in the child-labor field similar to that

served in the child-health field by the Bureau's surveys of infant mortality, and have furnished a constructive, practical basis for advances in State child-labor standards.

Along with the development of sentiment for a national bureau as a source and a clearing house for information about children had come a rising realization of the need for Federal child-labor legislation. Proposals in Congress for such legislation were first made in 1906 but did not culminate until 1916, 4 years after the establishment of the Children's Bureau. The Bureau's information as to methods of administration and its development of techniques were the foundation upon which plans for enforcement of the first Federal child-labor law, which was administered by the Children's Bureau, were based. When Federal laws dealing with the problem were declared unconstitutional by the Supreme Court, a constitutional amendment empowering Congress to enact child-labor legislation was proposed. This has now been ratified by 28 States.

At the first International Labor Conference, held in Washington in 1919, regulation of child labor was one of the main subjects for consideration, and the Draft Conventions then adopted—a minimum age of 14 for employment in industry and the prohibition of night work for young persons under 18—set up international standards that were far reaching in their effect. Since this first conference the Children's Bureau has cooperated with the International Labor Office in further developing and raising standards for the protection of young workers. At the International Labor Conference in June 1937 consideration is to be given to raising the minimum age in the existing child-labor conventions from 14 to 15 and extending and improving administrative provisions.

The decade of the twenties in the United States brought advances in child-labor legislation and an increase in school attendance. Nevertheless, the trend of child labor followed the ups and downs of industrial activity. With the depression came a general breakdown of labor standards, particularly child-labor standards, resulting in the revival of the sweatshop in certain industries, in long hours of work, and in low wages for child workers. But when the National Recovery Administration was established, child-labor stan-

dards higher than those which had been generally in effect throughout the country were set up in the codes. These met with the widespread approval of employers, employees, and the public alike. The employment of children under 16 in industry and trade was practically eliminated during the period the codes were in effect, and great impetus was given to the protection of boys and girls of 16 and 17 years from employment in hazardous occupations.

After the NRA was declared unconstitutional, employment of children returned and child labor again began to increase as industrial conditions improved. Present-day studies show a shift in the employment of young people from factories, where child-labor abuses first attracted public attention, to miscellaneous occupations in trade and service industries in which child labor is more difficult to regulate than in large industrial plants and which are sometimes even now unregulated by State legislation. Hours are often long—in a survey made by the Bureau in 1936 nearly one-fourth of the children under 16 were found to be working 60 hours a week or longer; and only about one-third had a work week of 40 hours or less. Earnings were low; the median weekly wage for children under 16 was only slightly over \$4, and nearly one-fifth of the children earned less than \$2 for a week's work.

During all this period of industrial change with its varying effects upon the child-labor problem, administrative officials and industrial experts of the different States have met and exchanged ideas and experiences with the Children's Bureau, and thus developed standards for more adequate protection of working children and for better techniques of enforcement. For example, a committee of physicians on physical standards for working children, called by the Children's Bureau, formulated standards of normal development and sound health for use in making physical examinations of children going to work. The Bureau took an active part in the collection of information and the working out of standards in connection with the White House Conferences on child welfare held in 1919 and 1930. An advisory committee on employment of minors in hazardous occupations appointed by the Children's Bureau, composed of specialists in State labor-law administration, safety

engineers, and industrial hygienists, formulated recommendations for more adequate protection of young workers against industrial accidents and occupational diseases. These standards were the basis of the prohibitions of work in hazardous occupations for minors of 16 and 17 years which were formulated under the NRA codes. Through these contacts and through many others there has been developed in the Bureau a focus of effort toward the betterment of working conditions for young people.

In the 25 years since the Children's Bureau was established the child-labor picture has changed. Truly great strides have been taken in the protection of young workers. But new and serious problems continue to arise. More adequate

safeguarding of young people from the ever-varying hazards of industry is needed. New and improved methods of administration to meet changing labor conditions are necessary. The development of specialized services in answer to the young person's need for guidance and placement is called for. Investigation of new types of employment must be undertaken. In this expanding field the Children's Bureau must continue to study and explore and to give the stimulation and help that it has given in the past to State and local efforts to raise standards and bring about better conditions. Although the child-labor problem today is different in outline, it is the same in essence, and the challenge to the leadership of the Children's Bureau in the future is no less than it was a quarter of a century ago.



"I want to say that with real emotion I sign this bill, because I know how long the struggle has been to secure legislation of this sort, and what it is going to mean to the health and vigor of this country, and also to the happiness of those whom it affects. It is with genuine pride that I play my part in completing this legislation. I congratulate the country and felicitate myself."

—WOODROW WILSON.

PRESIDENT WILSON SIGNING THE FIRST FEDERAL CHILD-LABOR LAW, SEPTEMBER 1, 1916

(Left to right: A.J. McKelway, Constance Leupp, Helen Sumner, Julia Lathrop, Mrs. Keating, Mrs. McKelway, Owen Lovejoy, Congressman Edward Keating, Secretary of Labor Wilson, and (behind Secretary of Labor Wilson) Senator Joseph Robinson, and Roy Chapman.)

LEGISLATIVE NOTES

The child-labor amendment Kansas ratified the child-labor amendment on February 25, 1937. This brought the total number of ratifications to 28, with 8 more needed to make the amendment a part of the United States Constitution.

On March 9, the Assembly in New York State rejected the proposal for ratification that had been passed by the Senate more than a month before. The possibility of action still remains on an Assembly bill similar to the defeated Senate bill.

Digest of labor bills The Division of Labor Standards of the United States Department of Labor prepares for distribution a mimeographed digest of principal labor bills in State legislatures in 1937. The subjects covered include child labor, hours, industrial home work, industrial safety and health, powers, duties, and organization of State departments of labor, and minimum-wage regulations. The digest issued as of February 1, 1937, contains 78 pages; that of March 1 contains 126 pages.

New Factories Bill in England A number of important improvements in the conditions of workers are provided for in the British Government's new Factories Bill now before Parliament.

The bill both consolidates and revises the Factory and Workshop Act of 1901 and certain later legislation. The chief alterations affecting minors are:

A maximum working week of 48 hours for women and young persons, instead of the present 60 hours in nontextile works and 55½-hour week in textile works.

Overtime for women and young persons limited to 100 hours a year, with a maximum of 6 hours in any week; overtime employment allowed only in 30 weeks of the year.

No overtime allowed for young persons under 16; and extension of the Factory Acts to certain parts of building operations, to engineering construction, and to premises in which cinematograph films are produced. (In the last case the performers are exempted from the provisions of the Act.)

The bill provides that the daily working hours of women and young persons shall not exceed 9, exclusive of time for meals.

Safeguards are provided for the health of the workers, and a number of new proposals are made for the adoption of safety devices. It is proposed that the bill shall come into operation July 1, 1938. *Official statement from American Consulate General, London.*

The bill was on second reading in the House of Commons on February 11, 1937, according to the *Ministry of Labor Gazette* (London, February 1937, p. 49).



BOOK AND PERIODICAL NOTES

(Child Labor)

New studies published by Women's Bureau From the Women's Bureau of the United States Department of Labor has been received Summary of State Reports of Occupational Diseases with a Survey of Preventive Legislation, 1932-1934, by Margaret T. Mettert (Women's Bureau Bulletin No. 147, Washington, 1936; 42 pp.). Reports on age of persons suffering from occupational disease furnished by four States for 1932-34 show a strikingly larger proportion of women than of men in the younger age groups. In Connecticut, where statistics on occupational diseases by age were available for women only, one-third of the women reporting age were under 20.

The Employed Woman Homemaker in the United States, by Mary Elizabeth Pidgeon (Women's Bureau Bulletin No. 148, Washington, 1936; 22 pp.) shows that 12 percent of the gainfully employed women who are also homemakers are between 16 and 25 years of age. Of all gainfully employed women, 36 percent are in this age group.

American Youth Commission Bulletin appears The first number of the *Bulletin* published by the American Youth Commission of the American Council on Education (vol. 1, no. 1 (March 1937), Washington, 4 pp.) gives some account of the research projects being carried on by the commission. Three pages are devoted to a classified list of current references on youth problems.

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INDUSTRIAL HOME WORK UNDER THE NATIONAL RECOVERY ADMINISTRATION. Children's Bureau Publication No. 234, Washington, 1936. 57 pp.

Because of the widespread interest in the many problems involved in industrial home work and the effect of this method of production on labor standards, the findings of a survey carried on jointly by the Women's Bureau and the Children's Bureau at the request of the National Recovery Administration are made public in this report.

Part I covers industrial home work in general, and Part II, specific industries--knitted-outerwear

industry, lace-manufacturing industry, infants' and children's wear industry, art-needlework industry, fresh-water pearl button industry, doll and doll-accessory industry, tag industry, and leather-glove industry.

LANDLORD AND TENANT ON THE COTTON PLANTATION, by T. J. Woofter, Jr. Research Monograph V, Works Progress Administration, Washington, 1936. 288 pp.

The findings of a study of landlord-tenant relationships conducted in the seven southeastern cotton States are given in this volume. Chapters on the tenant's standard of living, mobility, and education are included.

PROCEEDINGS OF THE NATIONAL INDUSTRIAL SAFETY CONFERENCE--1936. National Safety First Association, Terminal House, 52 Grosvenor Gardens, London, S.W.1, 1936. 86 pp. Price, 3s.

The first of the four papers in this volume, Accidents and the Young Worker, is by D.R. Wilson, Chief Inspector of Factories. Mr. Wilson states that in England the accident rate for both sexes has been shown to be much higher for young workers under 18 than for adult workers, the differences ranging from 20 to 50 percent among different categories of workers. The rate for fatal accidents, however, is given as nearly twice as high for adults as for minors.

JUVENILE UNEMPLOYMENT IN SOUTH WALES, by Gwynne Mears, Ph.D. William Lewis (Printers), Penarth Road, Cardiff, Wales, 1936. 141 pp. Price, 6s.

The study on juvenile unemployment in the South Wales Coalfield, of which this is the substance, was accepted by the University of Wales as a dissertation in June 1935. In the area studied "coal mining and the distributive trades absorb the greatest number of male school leavers. These are occupations which in very large measure must be regarded as blind-alley and nonprogressive. This is particularly true of the distributive trades, Coal mining, too, does not today offer boys chances of permanent and stable employment, in so far as the practice is common of dispensing with the services of youths who reach an age at which they can demand an adult wage."

PROCEEDINGS OF THE TWENTY-FOURTH ANNUAL CONVENTION OF THE INTERNATIONAL ASSOCIATION OF PUBLIC EMPLOYMENT SERVICES, UNITED STATES AND CANADA, INDIANAPOLIS, IND., MAY 27-29, 1936. Division of Labor Standards Bulletin No. 8. U.S. Department of Labor, Washington, 1936. 124 pp.

One session of the convention was spent on a panel discussion of the registration, classification, and placement of applicants without work experience. It was brought out that this inexperienced group can be defined as a young, or junior group, and that it has special needs in reception facilities, registration records, methods of filing, interviewing technique, interviewing personnel, employer contact, and vocational guidance. A description was given of the work of the Division of Guidance and Placement of the National Youth Administration, which is cooperating with 10 State employment services and with the United States Employment Service in carrying on junior placement activities in 25 cities within those 10 States.

VOCATIONAL REHABILITATION OF THE PHYSICALLY HANDICAPPED. Vocational Education Bulletin No. 190, Office of Education, Washington, 1936. 87 pp.

The evolution, scope, organization, and administration of the program of vocational rehabilitation of the physically handicapped in the United States is described in this bulletin. All but three States have passed legislation authorizing cooperation with the Federal Government in the vocational-rehabilitation program.

Of the cases rehabilitated in 1935, nearly one-fourth (24 percent) were under 21 years of age, and 61 percent were under 30 years of age. Selecting only the cases that are really vocationally handicapped as a result of physical disability, and limiting the service to those who can be fitted to do work as it is done under normal working conditions, means service to larger groups of young persons.

UNEMPLOYED YOUTH OF NEW YORK CITY, by Ellen Nathalie Matthews. *Monthly Labor Review*, vol. 44, no. 2 (February 1937), pp. 267-284.

Miss Matthews, of the Research Bureau, Welfare Council of New York City, presents the findings of a study made in New York City in 1935. Schedules were completed for 9,041 young persons 16 to 24

years of age, comprising 0.8 percent of the total population in that age group reported as living in New York City at the 1930 census. Unemployed youth were found to constitute one-third of the total sample of the youth population. The unemployed group contained almost as many girls as boys, and a larger proportion of Negro than of white youth. Almost one-fifth were found to be under 18, two-fifths 18 to 20, and about two-fifths 21 to 24 years of age. Half the group under 21 years of age, compared with one-seventh of those 21 years of age or older, had never had a job of any kind. Of the unemployed youth with some work experience half had had no work for at least one year, and half had had at least 2 years' unemployment since leaving school.

A complete report of the study is in preparation by the Welfare Council of New York City.

THIS NEW AMERICA; the spirit of the Civilian Conservation Corps, by Alfred C. Oliver, Jr., and Harold M. Dudley. Longmans, Green and Co., New York, 1937. 188 pp. \$1.25.

Materials for this volume were drawn from assembled data in Government files as well as from the pages of *Happy Days*, the weekly newspaper of the C.C.C. The emphasis is on the human-interest side, and verses and other writings by enrollees are given.

The purposefulness and self-reliance reported to be shown by many of the young men in the C.C.C. camps contrasts with the aimlessness and discouragement rife among unemployed transient youth in the early 1930's as revealed in the Memorandum on the Transient Boy issued by the Children's Bureau in 1932.

JUST OUT OF SCHOOL, by Samuel Cornelius. *Rural America*, (American Country Life Association, Utica, N.Y.) vol. 14, No. 9 (December 1936), pp. 8-10.

Difficulties experienced by boys and girls during the transition from school life to adult life are stressed. The need is pointed out for special programs for 16-year-olds in their first year out of school, to be worked out within the general program of some Federal agency concerned with youth or through one of various other channels. It is suggested that local school systems might assume some responsibility for services to out-of-school youth of the same ages as those served in school.

SOCIALLY HANDICAPPED CHILDREN

BACK TO SOURCE

BY EMMA O. LUNDBERG

Several epoch-making events in the field of social welfare for children occurred within a few years of the creation of the Children's Bureau. The first juvenile courts, established almost simultaneously in Denver and Chicago about 10 years before, had initiated radical changes in the treatment of juvenile delinquents. In 1911 aid to dependent children in their own homes by public funds became effective through the "mothers' pension" and "funds to parents" acts applying to Jackson County, Mo. and to the State of Illinois. The first so-called "Children's Code Commission" was appointed in Ohio in 1911. Widespread interest in the need for custodial care and training for the feeble-minded had been aroused by the growing activities of psychologists and increasing recognition of the social costs of this problem. The White House Conference of 1909, bringing together social-welfare leaders for discussion of methods of caring for dependent children had focused Nation-wide attention on the importance of providing home care for children and preventing neglect and child dependency.

The stage was set for the activities of the first venture of the Federal Government into the field of social welfare. As State after State followed the example of the pioneers and enacted juvenile-court and mothers' aid laws, the new Federal Children's Bureau became an information center for States and communities on forms of law and methods of administration. The children's code movement plunged the Children's Bureau into legal research. Until the National Committee for Mental Hygiene was ready to take over leadership in this field, the Bureau, with the cooperation of the United States Public Health Service, studied the problem of mental defect and assisted the States in obtaining institutional provision. The need for legal and social protection of children of illegitimate birth and of children exploited because of inadequate adoption laws and unrestricted placement had become matters of special concern to a number of communities, and the assistance of the Bureau was sought on these problems. Institutions and child-placing agencies sought the advice of the

Bureau in regard to methods of caring for dependent and delinquent children, and State welfare departments asked for assistance in planning their activities. From its beginning the Bureau has never been at a loss for opportunities to "investigate and report . . . upon all matters pertaining to the welfare of children and child life among all classes of our people."

It was fitting that Julia C. Lathrop, who had taken a leading part in reforms that led to improvement in the lot of the mentally afflicted and in court methods of dealing with juvenile offenders, should have headed the new Government bureau. From her experience Miss Lathrop knew that legal and social action can be only as rapid as public acceptance of the ideas, and that, especially where public-welfare activities are concerned, the immediate cost of a proposal often looms larger than emotional and intellectual appreciation of the human costs of neglect. She proceeded to organize the work of the Bureau on the principle that service was possible only through active participation by organized groups and individual citizens, and that social changes would come about slowly as the result of steady education.

From its earliest years the Children's Bureau has called attention to the necessity for organizing State-wide and county-wide social-welfare resources in order to afford to the child in the small town and rural community the same opportunities for protection and care as are available for the child in the city. The possibilities of preventing dependency and delinquency have been stressed, and emphasis has always been placed on family welfare as the foundation of child welfare.

It was not until 1917 that the principle of county organization of all forms of public-welfare activities was embodied in State law. General acceptance of the fundamental importance of adequate family relief and service as a preventive of child dependency and delinquency came only after the emergency relief experiences of the past few years. From 1917 to 1923, inclusive, four States--Minnesota, North Carolina, Virginia, and Alabama--enacted laws authorizing the organization of county

public-welfare boards, and Missouri provided for superintendents of public welfare without boards. In Minnesota and Alabama the functions of the boards were limited to child welfare; in the other States their activities might include all forms of public welfare. Kentucky in 1928 and Wisconsin in 1929 authorized creation of county child-welfare boards, and county boards of public welfare were provided for in Nebraska in 1931. North Dakota and Arizona created county boards of public welfare in 1933.

In 1921 and 1931, respectively, South Dakota and Texas created county child-welfare boards with limited official powers. From 1931 to 1935, Nevada, Montana, Mississippi, New Jersey, and Oregon went part of the way by creating county boards for administration of relief or old-age assistance.

These legal measures were especially designed to provide for State-wide social-welfare programs that would reach scattered rural populations. During the years immediately following initiation of the plan for unifying and "socializing" local administration of public welfare, a number of States undertook without special legislation more or less sporadic activities of the same type, particularly directed toward coordination of activities of private and public agencies in local communities.

Two circumstances led to a revival of interest in county-welfare organization. First, the lessons learned during the depression years as to the existence of social problems in the remotest rural areas, as well as in the cities, and the desirability of building up local resources for relief and service. Second, availability of Federal funds for various forms of public assistance (administration of which is in most States the primary responsibility of the county), and for the development of child-welfare services in local areas. As a result, striking gains have been made in legal provision for mandatory or permissive county public-welfare boards during the past 2 years.

In 1935 Maryland, Utah, and Wyoming enacted laws establishing county public-welfare boards, and Alabama broadened its provision to include all forms of public welfare. In 1936 Colorado Illinois (with limited functions), Indiana,

Louisiana, Oklahoma, and West Virginia, joined the ranks. Florida in 1935 established a district plan.

In 1937 (to March 10), county welfare board legislation has been enacted in three additional States, Arkansas, Georgia, and Montana. In at least four other States bills for the creation of county public-welfare boards are pending or are being drafted. It appears likely that by the end of the 1937 legislative sessions at least half the States will have provided by law for county public-welfare boards.

The development of unified public-welfare agencies equipped to provide case work is of immediate concern to the Children's Bureau in relation to the program of child-welfare services now in operation in 42 States and the District of Columbia. The work of the staff employed in "demonstration counties" under the child-welfare service programs of 19 States is already integrated with the other public-welfare functions of the counties; 13 of these States now have county public-welfare boards created under authority of State law. Almost without exception, States in which welfare administration is a county function are working toward coordination of child welfare with relief and other public-welfare functions.

Progress reports from the States administering Federal funds for development of local child-welfare services indicate that State welfare departments are working not only to unify and make more effective the welfare activities of public agencies, but also to harmonize or coordinate resources of the various local public and private agencies in welfare, health, recreation, and other allied fields and to develop resources that are now lacking. The emphasis, even in this beginning period, is definitely upon assistance and social-work services to families, to the end that the home may be maintained under conditions that will conserve child health and welfare. The most important function of "child-welfare services" as provided for under the Federal Social Security Act seems destined to be to decrease the need for "child welfare" in its former connotation of care for "homeless and destitute" children. After 25 years we are getting back to source by beginning to put into action the principles that have always been recognized but infrequently applied.

THE ADVISORY COMMITTEE ON TRAINING SCHOOLS FOR SOCIALLY MALADJUSTED CHILDREN

The appointment of an advisory committee on Training Schools for Socially Maladjusted Children was announced on March 9, 1937, by the Children's Bureau. The Chairman of the Committee is Roy L. McLaughlin, Superintendent, Connecticut School for Boys, Meriden, Conn., and the Secretary is Elsa Castendyck, Director, Delinquency Division, United States Children's Bureau.

The formation of the committee is an outgrowth of a meeting held in Chicago last September at which the National Conference of Juvenile Agencies, an organization composed chiefly of superintendents of State institutions for delinquent children, voted to meet with the National Conference of Social Work instead of with the American Prison Association, as before. The meeting then authorized appointment of a committee to review studies already made or in process and to determine the need for further studies on the institutional care of juvenile delinquents. The committee was further instructed to function as a committee on standards. The work of this preliminary committee led to the formation of the newly appointed advisory committee.

The committee will function through three subcommittees: (1) objectives and studies; (2) informational service; and (3) statistics; and through a steering or executive committee composed of the chairman and secretary of the whole committee and the chairmen of the subcommittees.

Members of the committee, in addition to the

chairman and secretary, are:

- Dr. E. M. Dill, Superintendent, Indiana School for Boys, Plainfield, Ind.
- Paul S. Blandford, Superintendent, Virginia Industrial School for Boys, Beaumont, Va.
- Calvin Derrick, Superintendent, State Home for Boys, Jamesburg, N.J.
- Major H.B. Hickman, Superintendent, The Glen Mills Schools, Glen Mills, Pa.
- Rose J. McHugh, Assistant Commissioner, New York State Department of Social Welfare, Albany, N.Y.
- Emily F. Morrison, Superintendent, Sleighton Farm School for Girls, Darlington, Pa.
- Dr. Norman Fenton, Director, California Bureau of Juvenile Research, Stanford University, Palo Alto, Calif.
- Mrs. Mary H. Fowler, Superintendent, State Training School for Girls, Birmingham, Ala.
- James S. Owens, Superintendent, State Industrial and Agricultural School, Industry, N.Y.
- Colonel James A. Pratt, Superintendent, Maryland Training School for Boys, Lock Haven, Md.
- Dr. Carrie Weaver Smith, Superintendent, National Training School for Girls, Washington, D.C.

With sorrow it is stated that Dorothy Craig Shinn, Superintendent, State Industrial Home for Girls, Chillicothe, Mo., who was to have been a member of the committee, was killed in an automobile accident on February 27, 1937.

Membership of the committee will be enlarged as its work develops. A meeting of the full committee will be held at the National Conference of Social Work to be held in May, at Indianapolis, Indiana.

BOOK AND PERIODICAL NOTES

(Socially Handicapped Children)

COORDINATING COUNCILS; how shall they be organized? by Kenneth S. Beam. National Probation Association, New York, undated. 15 pp. 10 cents.

The purpose of this leaflet is to answer inquiries regarding the procedure in organizing coordinating councils. The author is Director of Coordinating Councils, Los Angeles County, Calif., and is in charge of a study of coordinating councils for the National Probation Association.

WELFARE ACTIVITIES OF FEDERAL, STATE, AND LOCAL GOVERNMENTS IN CALIFORNIA, 1850-1934, by Frances Cahn and Valeska Bary. University of California Press, Berkeley, 1936. 422 pp.

Part I, the Care of Children, has the following subdivisions--(1) Dependent and Neglected Children: The development and administration of State and county aid for dependent children; types of child care; cooperative efforts to assist de-

pendent children through national conferences and collection of data. (2) Delinquent Children: Development of institutions and agencies for the care of delinquent children; establishment of juvenile courts; Federal juvenile offenders; prevention of delinquency through efforts of specialized groups; collection of data concerning juvenile delinquents. (3) Handicapped Children: The crippled; the visually handicapped; the deaf and hard of hearing; the mentally deficient.

SURVEY OF SOCIAL RESOURCES OF NEBRASKA, by Phyllis Osborn. Work Project 1010, Works Progress Administration, Lincoln, 1936. 97 pp. Mimeographed.

The section on Child Care (pp. 20-43) includes

the history of the State Child-Welfare Bureau; the juvenile court; the delinquent child, with reports on the State Industrial School for Boys and the State Girls' Training School; the dependent child, with notes on mothers' aid, child placing and adoption, and the State Home for Dependent Children.

Other sections deal with The Unmarried Mother and Her Child; Care for the Physically Handicapped (including reports on day schools, the State School for the Deaf, and care of the crippled); and Care of the Mentally Handicapped (statutory provisions and incidence of mental deficiency; State institution for the feeble-minded).

GENERAL CHILD WELFARE

NEWS NOTES

Child Welfare Bibliography In the fall of 1932 it was suggested by the Curriculum Committee on Child-Welfare Courses of the American Association of Schools of Social Work that there should be prepared a bibliography especially concerned with the various phases of social work for children. A committee, of which Edith M. H. Baylor, Children's Aid Association, Boston, was chairman, was appointed to prepare a carefully selected list of books to meet the demand.

Child Welfare Bibliography, published by the Child Welfare League of America (130 East 22d St., New York, January 1937; 32 pp.; single copy, 25 cents; 10 copies, \$2.) represents a recent revision of the work of this committee. The titles are classified by subject. A selected list of articles relating to child welfare in the Proceedings of the National Conference of Social Work from 1875 through 1936 is included.

Department of Childhood proposed for England

Speaking at the Conference of Educational Associations, University College, London, on January 4, 1937, Edward Fuller of The Save the Children Fund urged the creation of a new ministry or, preferably, department devoted to the needs of children. For precedent, Mr. Fuller referred to the unification of the functions of five ministries and departments under the Ministry of Health in 1919. As outstanding examples of a "department of childhood" in other countries, he called attention to the Children's Bureau of the United States Department of Labor, and to the Brazilian department of child welfare.

A summary of the discussion of which Mr. Fuller's address was a part appears in *World's Children* (Save the Children Fund, 20 Gordon Square, London, W.C.1), vol. 17, no. 5 (February 1937), pp. 72-73.

BOOK AND PERIODICAL NOTES
(General Child Welfare)

PLAYGROUNDS: THEIR ADMINISTRATION AND OPERATION. Edited by George D. Butler. National Recreation Association, New York, 1936. 402 pp. \$3.

The needs and interests of three special groups have been considered in the preparation of this volume: playground authorities; workers on individual playgrounds; teachers desiring a manual for playground courses. A large number of recreation workers have contributed items from practical experience.

The playground itself, leadership, activities and programs, and problems of administration are considered. Daily and weekly programs are given, also the special activities scheduled at one playground (Memphis, Tenn.) during an entire year. Detailed suggestions are supplied for staff organization, record keeping, finance, and playground regulations. Although the book is based to a great extent upon the experience in large cities, small communities are invited to adapt the suggestions to meet their own needs.

THE TENEMENTS OF CHICAGO, 1908-35, by Edith Abbott. University of Chicago Press, Chicago, 1936. 505 pp. \$3.

This volume on the history, development, and present condition of the tenement areas of Chicago embodies the findings of a series of studies made over a period of approximately 25 years in different sections of the city by members of the faculty and groups of the graduate students in the School of Social Service Administration.

SUPERVISION IN SOCIAL CASE WORK, by Virginia P. Robinson. University of North Carolina Press, Chapel Hill, 1936. 199 pp. \$2.50.

This book is divided into two parts: Part I, The Dynamics of the Self in Learning, and Part II, The Learning Process in Supervision.

PROBLEMS OF CHILD WELFARE, by George B. Mangold, Ph.D. Third edition. Macmillan Co., New York, 1936. 549 pp. \$3.

This is a revision of Dr. Mangold's *Problems of Child Welfare*, first published in 1914. The six parts into which the book is divided cover The Conservation of Life, including birth rates, infant mortality, children's diseases, and preventive work; Health and Recreation, including the milk problem, and the care and training of the physi-

cally handicapped; Special Problems of Education; Child Labor and Vocational Guidance; Juvenile Delinquency; and Dependency and Neglect.

RECORDING IN GROUP-WORK AGENCIES, by Dora M. Einert. *Federator* (Federation of Social Agencies of Pittsburgh and Allegheny County), vol. 12, no. 2 (February 1937), pp. 21-24.

In this article are listed the various ways in which nine group-work agencies in Pittsburgh have found statistical reports, narrative records, and registration cards of value. The importance of placing the responsibility for record keeping and analysis in the hands of professional workers trained in group work, social statistics, and research, is emphasized.

AGENDA FOR GROUP WORK, by M. W. Beckelman, *Better Times*, vol. 18, no. 18 (February 1, 1937), pp. 13-14, 30.

Seven unsolved problems in the field of group work are presented by the author as areas for exploration: (1) the relation of group work to formal education and public recreation; (2) the relation of private agencies to service projects; (3) conflict between boards of directors and membership groups over attitudes and action in current problem areas; (4) measurement of work done and results achieved; (5) a more personal relationship with individual members; (6) training programs; and (7) interpretation of group work to the public in terms of what it enables individuals to accomplish.

A SERIES OF CHILDREN'S NONROYALTY PLAYS. Part 1, **HEALTH--SAFETY--HUMANE.** Compiled by Louis Rosenthal and Oscar Halpern. Play Bureau Publication No. 6, Federal Theatre Project, 303 West 42d St., New York, December 1936. 47 pp. Mimeographed.

This is the first of a series of children's play lists planned by the Play Bureau for the convenience of educators and leaders of children's groups. Health and safety was chosen as the subject for the first list because of the importance of these subjects in the education of the child.

One page is given to a description of each play. The number of characters, length of play, locale and period, "sets," costumes needed, and age group for whom the play is suitable are listed, with a synopsis of the play. The full address of the publisher or distributor of the play is given.

OF CURRENT INTEREST

CONFERENCE CALENDAR

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|----------------|---|----------------|---|
| April 2-17 | International Labor Office. Tripartite Textile Conference, Washington, D.C. | May 17-21 | National Recreation Association. Convention, Atlantic City, N.J. |
| April 5-6 | State and Provincial Health Authorities of North America. Washington, D.C. | May 20-23 | National Conference of Jewish Social Welfare. Indianapolis, Ind. |
| April 7-10 | State and Territorial Health Officers, Washington, D.C. | May 23-29 | American Public Welfare Association. Annual conference, Chicago. |
| April 8-10 | National Federation of Day Nurseries. Twentieth biennial conference, New York. Permanent headquarters, 130 East 22d St., New York. | May 23-29 | National Conference of Social Work and associated organizations. Sixty-fourth annual session, Indianapolis, Ind. (General Secretary, Howard R. Knight, 82 N. High St., Columbus, Ohio.) |
| April 19-24 | American Physical Education Association. Annual convention, New York. | May 31-June 3 | National Tuberculosis Association. Thirty-third annual meeting, Milwaukee, Wis. Information: Dr. Philip P. Jacobs, National Tuberculosis Association, 50 West 50th St., New York. |
| April 29-May 1 | American Pediatric Society. University, Va. Secretary: Dr. Hugh McCulloch, 325 N. Euclid Ave., St. Louis, Mo. | June 1-3 | National Association for the Prevention of Infant Mortality. Seventh English Speaking Conference on Maternity and Child Welfare, London. |
| April 30-May 1 | Child Welfare League of America. Eastern regional conference, New York. A May Day, Child-Health Day luncheon with a coast-to-coast broadcast will be held on May 1. Permanent headquarters: 105 East 22d St., New York. | June 7-11 | American Heart Association; American Medical Association, Eighty-eighth annual session. Atlantic City, N.J. |
| May 3-7 | National Congress of Parents and Teachers. Forty-first annual convention, Richmond, Va. Subject: The place of the home in the community. Permanent headquarters: 1201 Sixteenth St., N.W., Washington, D.C. | June 17-19 | Canadian Public Health Association; Canadian Tuberculosis Association. Ottawa, Ontario. |
| May 9-13 | International Society for Crippled Children. Sixteenth annual convention, Milwaukee, Wis. Permanent headquarters: Elyria, Ohio. | June 21-24 | American Home Economics Association. Annual meeting, Kansas City, Mo. Information: American Home Economics Association, Washington, D.C. |
| May 10-13 | Red Cross Annual Convention (postponed from April). Washington, D.C. Information: National Headquarters, American Red Cross, Washington, D.C. | June 21-25 | American Instructors of the Deaf. Convention, Teachers College, Columbia University, N.Y. |
| May 10-14 | National League of Nursing Education. Boston, Mass. | June 27-July 1 | National Education Association. Annual convention, Detroit. |
| | | June 30-July 9 | Boy Scouts of America. National Jamboree, Washington, D.C. |

The Children's Bureau does not distribute the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

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During the first 2 years of the Children's Bureau, the staff comprised 15 persons including the chief and assistant chief. Enlargement of the staff to 76 was then authorized, and of those who came in before the end of December 1914, no fewer than 12 persons are now connected with the Children's Bureau, although not all these have served continuously.

Among these early appointees were Ella Arvilla Merritt and Carl A. Heisterman, specialists in legal research; Laura W. Steever, economic analyst; Sara A. McGarvey, who has checked the accuracy of most of the nonlegal publications the Children's Bureau has ever issued; Ella O. Latham, in charge of the expanding Children's Bureau files; and Mary F. Bickford, who has handled Children's Bureau accounts almost since the beginning.

Other early arrivals were Rena Rosenberg, Bertha R. Miller, Jennie F. Gilchrist, Margaret A. Hampton, and Grace J. Farley, all of the Division of Statistical Research.

Emma O. Lundberg, appointed in November 1914, broke ground in the fields now represented by the

Social-Service and Delinquency Divisions of the Bureau, and after an absence of some years returned to the Bureau in 1935 as Assistant Director of the Child-Welfare Division.

Laura A. Thompson, one of the members of the original staff of 15, was for some years head of the Children's Bureau library, and is now head of the Department of Labor Library, which serves the Children's Bureau.

Katharine F. Lenroot, now Chief of the Bureau, joined the staff on January 1, 1915, and served in the Social-Service Division; as Director of the Editorial Division; and as Assistant Chief of the Bureau.

Responsibility for administration of services for children under the Social Security Act in 1935 necessitated the appointment of additional staff, and in March 1937, the personnel of the Children's Bureau numbered more than 200. The professional staff totals about 85, of whom 17 are physicians and 7 are public-health nurses. Most of the remainder are social workers, industrial economists, or statisticians.

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